

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 115

04978

94a

1. PLACE OF DEATH:

County Dorchester
 City or town Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Fishing Creek
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. - - - - -
 (If rural, give LOCATION)
 2. (a) If veteran, name war -

3. (a) FULL NAME

Eliza Novella Adams

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Winnie Adams
 6. (c) If alive, give age 63 years
 7. Birth date of deceased (mo., day, yr.) Nov. 28, 1884
 8. AGE: Years 62 Months 6 Days 15 If less than one day
hrs. min.

9. Birthplace Fishing Creek, Dor. Co., Md.
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business Home
 12. Name William H. Lewis
 13. Birthplace Maryland
 14. Maiden name Willis Ann Parks
 15. Birthplace Maryland

16. Informant Mr. Winnie Adams
 Address Fishing Creek, Maryland
 17. Burial Date thereof June 15, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hoosier Memorial Cemetery
 Location Fishing Creek, Dor. Co., Md.
LeCompte's Funeral Service
 18. Funeral director
 Address Cambridge, Maryland.

19. 6-14 47 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 13, 19 47 at 7: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on 6/11 19 47 to 19 47
 and that I last saw him alive on 6/11 19 47

Immediate cause of death CORONARY OCCLUSION

DURATION

2 days
1 day

Due to -Due to -

Other conditions Cholelithiasis

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Ken Blute M. D. or other

Cambridge Md. Address 4/14/47 Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 18 1947

BUREAU 8

Evidence for the changes and additions
made shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 110 JUL 11 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester

City or town Hoopersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dorchester

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1111 Market St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

UNKNOWN

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored
White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

25 to 40

#

#

hrs.

min.

9. Birthplace

unknown

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof June 13, 1947
(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

Date rec'd by registrar

19. 57

James W. Mease
LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH about June 4 1947, at 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death

DURATION

Drowning, probably
Due to suicide or accidental

Due to Body floated in from
bay tank land on Middle to York
Other conditions Island

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, give the following:

Accident, suicide, or homicide suicide about June 4/47

Where did injury occur? Hoopersville, Dor. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in Chesapeake Bay

Means of injury

Injured at work?

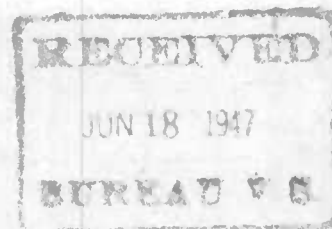
23. SIGNATURE Jo H. Shriver Dep. Med. Exam.
M. D. or other

Address Cambridge - Md. Date signed June 13/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53

04980

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie Cephas4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 5 19258. AGE: Years 32 Months 3 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Blackwater Md. - Dor. County.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name James Cephas13. Birthplace Blackwater - Dor. County Md.14. Maiden name Teala Young

15. Birthplace _____

16. Informant Teala YoungAddress Cambridge Md.17. Secret City Date thereof _____ (month) (day) (year)
(Burial, cremation, or removal Which?)Cemetery or crematory Cambridge Md.

Location _____

18. Funeral director Lewis H. BayneAddress Cambridge Md.19. 6-21-47 John Macfarlane Registrar
(Date rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1947 at 9:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 4 1947 to June 21 1947and that I last saw him alive on June 21 1947Immediate cause of death Robert Allen TanDURATION 18 min.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

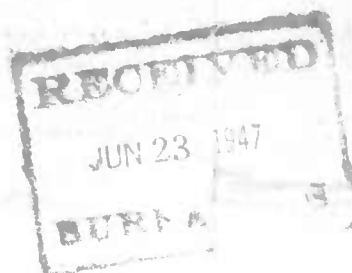
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Carroll M. St. Clair MD M. D. or otherAddress Pine & Cedar St Date signed 6/27/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 04981

110

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Months

Hospital, institution, or street address where death occurred:

Hurlock

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 28 Muir St.
(If rural, give LOCATION)

2.(a) if veteran, name war -

3. (a) FULL NAME

John A. Cook

3. (b) Social Security Number

217-10-8783

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Nettie Willey

6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 25, 1876

8. AGE: Years 70 Months 10 Days 16 If less than one day - hrs. - min.

9. Birthplace RFD # 3, Cambridge, Maryland.
(Town, county, and state)

10. Usual occupation Laborer-Watchman

11. Industry or business Phillips Pkg. Co.

12. Name John A. Cook

13. Birthplace Maryland

14. Maiden name Catherine Spedden

15. Birthplace Maryland

16. Informant Mrs. John A. Cook

Address Hurlock, Maryland

17. Burial Date thereof June 15, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. June 14 1947 Chas. Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1947, 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10, 1947 to June 11, 1947
and that I last saw him alive on June 11, 1947

Immediate cause of death

Coronary Thrombosis

DURATION

12 hours

Due to Chronic myocarditis

5 yrs +

Due to General arteriosclerosis

5 yrs +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William C. Harrison MD

M. D. or other

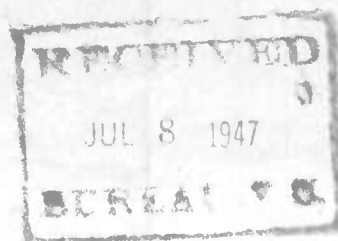
Address Hurlock Md. Date signed 6/13/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

Harrison



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04982

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Brookview
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Brookview

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Brookview
 (If outside city or town limits, write RURAL and give nearest town)

Street No. - - - - -
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Wesley Corkran

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Geneva Sellers6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1868

8. AGE: Years 79 Months 5 Days 12 It less than one day
 hrs. min.

9. Birthplace Brookview, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation Retired Farmer11. Industry or business FarmingFATHER 12. Name John O. Corkran13. Birthplace MarylandMOTHER 14. Maiden name Mary E. Rhodes15. Birthplace Maryland16. Informant Mrs. J. W. CorkranAddress Brookview, Maryland

17. Burial Date thereof June 16, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19. June 16, 1947 John M. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1947 at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....
 and that I last saw him alive on 19.....

Immediate cause of death

DURATION

Myocarditis - Chronic1-2 yrsArterio-Sclerosis1-2 yrsHypertension1-2 yrs

Other conditions Hypertension
 (Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Dr. H. Shivers, Del. Med. Exam.
 SIGNATURE M. D. or other

Address Cambridge, Md. Date signed June 16, 1947

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JUN 19 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04983

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester
City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Fishing Creek
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No. Fishing Creek
(If rural, give LOCATION)
2(a) If veteran, name war World-War No. 1

3. (a) FULL NAME

Howard Henry Creighton

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Elsie E. Hall
6. (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) March 6, 1894
8. AGE: Year 53 Months 3 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Fishing Creek, Dor. Co., Md.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Seafood

12. Name William H. Creighton
13. Birthplace Maryland
14. Maiden name Nora A. Phillips
15. Birthplace Maryland

16. Informant Mr. Theo Creighton
Address Fishing Creek, Maryland.

17. Burial Burial Date thereof June 12, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Hoosier Memorial Cemetery
Location Fishing Creek, Maryland.

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. 6-12-47 19 1947
(Date rec'd by registrar) Registrar James W. Meade

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1947 at 1:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9, 1947 to June 9, 1947
and that I last saw him alive on June 9, 1947

Immediate cause of death Tuberculosis
Due to Sick bite
Due to _____
Other conditions Chronic myocarditis and Bronchial pneumonia.
(Include pregnancy within 3 months of death)
Major findings of operation _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident
Where did injury occur? Fishing Creek, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home in country
Manner of injury Sick bite Injured at work? no

23. SIGNATURE James W. Meade, M.D.
M. D. of other _____
Address Fishing Creek, Md. Date signed June 10/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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• JUN 18 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04984

1. PLACE OF DEATH:

County Dorchester
City or town Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Fishing Creek
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No. - - - - -
(If rural, give LOCATION)
2. (a) If veteran, name war -

3. (a) FULL NAME

Levin H. Creighton

3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Laura Phillips
(Died Oct. 7, 1945) 6. (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1857

8. AGE: Years 89 Months 5 Days 19 If less than one day - hrs. - min.

9. Birthplace Fishing Creek, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name Jeremiah Creighton

13. Birthplace Maryland

14. Maiden name Sarah Parker

15. Birthplace Maryland

16. Informant Mr. Ivy Creighton

Address Fishing Creek, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereon June 15, 1947
(month) (day) (year)

Cemetery or crematory Hoosier Memorial Cemetery

Location Fishing Creek, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. June 14 1947 James W. Meade
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1947 at 9: A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased on

June 8 1947 to June 13 1947
and that I last saw him alive on June 7 1947

Immediate cause of death Bronchial pneumonia

DURATION
5 days

(Primary)
Due to -

Due to -

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) - (County) - (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE James W. Meade M.D. M. D. or other

Address Fishing Creek, Md. Date signed June 14/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 18 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

04985

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Near Choptank, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)
Street No. Academy St. Ext
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Darcy C. Quack

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 4 - 1932 6. (c) If alive, give age _____ years

8. AGE: Years 14 Months 10 Days 7 It less than one day _____ hrs. _____ min.

8. Birthplace Golden Hill, Md.
(Town, county, and state)

10. Usual occupation School Boy

11. Industry or business

12. Name Fredrick C. Foxwell
13. Birthplace Dor Co

14. Maiden name Eliza N. Quack
15. Birthplace Dor Co

16. Informant Mr. Thannie C. Phillips
Address Hurlock, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof _____ (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock Md.

18. Funeral director Kenneth R. Shoups
Address Cambridge, Md.

19. 6-12-47 19. John Meach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 47 4 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____

Drowning

Due to Accidental

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of June 11, 47

Where did injury occur? At Hurlock - Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in Hunting Creek

Means of injury drowning Injured at work? no

23. SIGNATURE Dr. H. Shriver, Dep. Med. Exam. M. D. or other

Address Cambridge - Md. Date signed June 12/47

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 16 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

568

04986

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 Years
 Hospital, institution, or street address where death occurred:
434 Willis St.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 434 Willis St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Edna Phillips Elzey

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife James Elzey
 6.(c) If alive, give age 42 years
 7. Birth date of deceased (mo., day, yr.) June 6, 1907
 8. AGE: Years 40 Months - Days 13 It less than one day - hrs. - min.

9. Birthplace Hudson, Dor. Co., Maryland
 (Town, county, and state)
 10. Usual occupation Machine Operator
 11. Industry or business Shrit Factory
 12. Name Samuel S. Phillips
 13. Birthplace Maryland
 14. Maiden name Maggie Hubbard
 15. Birthplace Maryland

16. Informant Mr. James Elzey
 Address Cambridge, Maryland.
 17. Burial Date thereof June 21, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.
 19. 6-21-47 John Mace Jr. md
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1947 at 9: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from - 18. - to - 19. -
 and that I last saw h. - alive on - 19. -

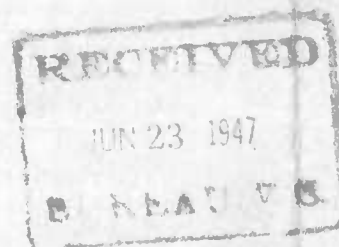
Immediate cause of death Acute Dilatation of Heart
 Due to Convulsions 1 hr.
 Due to Chronic Nephritis
 Other conditions Uterine Fibroid 1 yr.
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) - (County) - (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE Dr. H. Shriver, Dep. Med. Exam.
 M. D. or other -
 Address Cambridge, Md. Date signed June 24/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

488

04987

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elizabeth Agnewera

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.)

July 1st 1882

8. AGE:

64 11 21 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

Harvey Whiteley

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereof

Burial, cremation, or removal. Which?

Cemetery or crematory

Location

18. Funeral director

Address

19. June 25 - 1947

Date rec'd by registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1947 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15 1947 to June 22 1947and that I last saw him alive on June 21 1947Immediate cause of death Cerebral hemorrhage

DURATION

6 mos.Due to Cerebral hemorrhage of 6 mos. 12 mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Franklin, Maryland Date signed 6/25/47

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 28 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

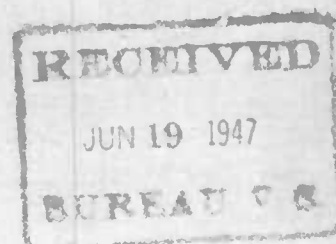
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04988

Reg. Dist. No. 116

1. PLACE OF DEATH: County <u>Dorchester</u> City or town <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>3 Weeks</u> Hospital, institution, or street address where death occurred: <u>418 Race St.</u> How long in hospital or institution? <u>-</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Dorchester</u> City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>2128 Fulton Ave.</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>-</u>			
3. (a) FULL NAME <u>Malachi Flowers</u>				3. (b) Social Security Number <u>220-07-7148</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>Grace F. Flowers</u>				6. (c) If alive, give age <u>-</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Not Known Definitely</u>				8. AGE: Years <u>About 67</u> Months <u>-</u> Days <u>-</u> If less than one day <u>-</u> hrs. <u>-</u> min.			
9. Birthplace <u>Dorchester County, Maryland</u> (Town, county, and state)							
10. Usual occupation <u>Cook</u>							
11. Industry or business <u>Restaurant</u>							
FATHER		12. Name <u>Augustus Flowers</u>					
MOTHER		13. Birthplace <u>Maryland</u>					
14. Maiden name <u>Not Known</u>		15. Birthplace <u>II II</u>					
16. Informant <u>Mrs. Norman Hurley</u> Address <u>Cambridge, Maryland</u>							
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>June 13, 1947</u> (month) (day) (year) Cemetery or crematory <u>Greenlawn Cemetery</u> Location <u>Cambridge, Maryland</u>							
18. Funeral director <u>LeCompte's Funeral Service</u> Address <u>Cambridge, Maryland.</u>							
19. Date rec'd by registrar <u>June 13-19 47</u> <u>John Malachi Flowers</u> Registrar							
20. DATE OF DEATH <u>June 11, 1947</u> at <u>4:45 P.M.</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>June 11, 1947</u> to <u>June 11, 1947</u> and that I last saw him alive on <u>June 11, 1947</u> Immediate cause of death <u>Myocardial failure</u> Due to <u>Heat Exhaustion</u> Due to <u>Arteriosclerotic Heart Disease</u> Other conditions <u>unknown</u> (Include pregnancy within 3 months of death) Major findings of operations <u>-</u> Date of op. <u>-</u> Autopsy results <u>-</u> PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide <u>-</u> Date of <u>-</u> Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?							
23. SIGNATURE <u>Lawrence Maryanor</u> <u>Cambridge, Md.</u> M. D. or other Address <u>-</u> Date signed <u>6/14/47</u>							



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

04989

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
425 Henry St.
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 425 Henry St.
(If rural, give LOCATION)
2.(a) If veteran, name war -

3. (a) FULL NAME

Elwood N. Goslin

3. (b) Social Security Number

215-12-6563

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Lillie Rumbley
7. Birth date of deceased (mo., day, yr.) April 4, 1875 6.(c) If alive, give age 63 years
8. AGE: Years 72 Months 2 Days 22 It less than one day - hrs. - min.

9. Birthplace Near Hurlock, Dor. Co., Maryland
(Town, county, and state)

10. Usual occupation Waterman-Painter-Retired

11. Industry or business Retired

12. Name Not Known
13. Birthplace Not Known
14. Maiden name Unna Sophia Goslin
15. Birthplace Not Known

16. Informant Mrs. Lillie R. Goslin
Address Cambridge, Maryland

17. Burial Date thereof June 28, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park
Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland

19. 6/27 19 47 John Maceph Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 19 47 at 4:40A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 JUNE 19 47 to 26 JUNE 19 47

and that I last saw him alive on 25 JUNE 19 47
Immediate cause of death TUBERCULOSIS DURATION

Other conditions ARTHRITIS
(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide - Date of -
Where did injury occur? - (City or town) - (County) - (State)
Injured at home, farm, industry, public place (where?) -
Means of injury - Injured at work? -

23. SIGNATURE Walter E. Gundy MD 105 CHURCH ST CAMBRIDGE MD 26 JUNE 47
Address - Date signed -

MARGIN RESERVED FOR BINDING

VS A15 9-4515M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 30 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:

County Harcourt
City or town Surlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Laura Y. Johnson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

June 21st 1853

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

949

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. July 2

19 47

Date registered by registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarcourtCity or town Surlock
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 47 at 9:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 44 to June 30 19 47and that I last saw him or her alive on June 29 19 47

Immediate cause of death

Myocardial Degeneration 5 yrs +Due to General Arteriosclerosis 5 yrs +

Due to

Other conditions sensitivity

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W C Harrison MD
Hurlock Md. M. D. or other
Date signed 7/2/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 8 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04991

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months - 5 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 3 months - 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
City or town 609 Liberty Street
(If outside city or town limits, write RURAL and give nearest town)
Street No. Salisbury
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME

Charles S. Lilley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Mary A. Johnson
6.(c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) November 14, 1865
8. AGE: Years 81 Months 7 Days 9 If less than one day hrs. min.

9. Birthplace Lancaster, Pennsylvania
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business Business
12. Name William Lilley
13. Birthplace Pennsylvania
14. Maiden name Jeannette Shaw
15. Birthplace Pennsylvania

16. Informant Eastern Shore State Hospital Records
Address Cambridge, Maryland
17. Burial June 25, 1947
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematorium 700 F. Cemetery
Location Camden Del.
18. Funeral director Freemason & Co. Funeral Home
Address Salisbury, Md.
19. 6/23/47 John Thomas, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

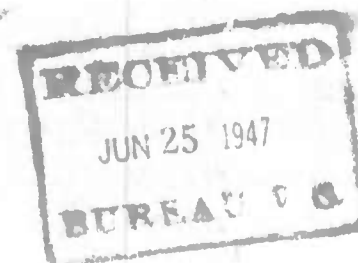
20. DATE OF DEATH June 23, 1947 at 12:00 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18, 1947 to June 23, 1947
and that I last saw him alive on June 23, 1947.
Immediate cause of death Arteriosclerotic cardiovascular disease
DURATION
Due to
Due to
Other conditions Decubitus ulcer
Senile Psychosis
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?
23. SIGNATURE Guich B. Bunnell, M.D.
Address Camden, Del. Date signed 6/23/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

87d

04992

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1942
 Hospital, institution, or street address where death occurred:
Hambrooks, Blvd.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hambrooks Blvd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Will L. Lloyd Jr.

3. (b) Social Security Number

4. Sex mle 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Una Boice Lloyd
 51
 6. (c) If alive, give age. 51 years
 7. Birth date of deceased (mo., day, yr.) 2/26/1896
 8. AGE: Years 51 Months 3 Days 22 If less than one day
 hrs. min.

9. Birthplace Albany, N.Y.
 (Town, county, and state)
 10. Usual occupation Electrical engineer
Utility
 11. Industry or business

MOTHER FATHER
 12. Name Will L. Lloyd
 13. Birthplace N.Y.
 14. Maiden name Ida Hauptman
 15. Birthplace N.Y.

16. Informant Mrs. Will L. Lloyd Jr.
 Address Cambridge, Md.

17. burial Date thereof 6/21/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Albany Rural
 Location Albany, N.Y.

18. Funeral director Le Compte Funeral Service
 Address Cambridge, Maryland.

19. 6-18-47 John M. [unclear]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1947, at 5:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 23 1944 to June 18 1947
 and that I last saw him alive on June 16 1947

Immediate cause of death Multiple Sclerosis
 DURATION 4 years

Due to

Due to

Other conditions Severe Secondary
Anemia
 (Include pregnancy within 3 months of death)
 Major findings of operations None

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

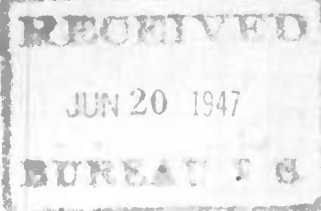
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Eldridge H. Wall M. D. or other

Cambridge, Md. 6-18-47
 Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

04993

CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town) 16 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
8 Glasgow St.,
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Dor.
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 8 Glasgow St.,
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Charles N. Lord Sr.

3. (b) Social Security Number

212 18 0616

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Harriet R. Foster
 6.(c) It alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 11/13/1882

8. AGE: Years 64 Months 6 Days 8 It less than one day
 hrs. min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Automobile mechanic
II

11. Industry or business

12. Name William Lord

13. Birthplace Md.

14. Maiden name Sarah Lambert

15. Birthplace Md.

16. Informant Mrs. Katherine Marshall
 Address Cambridge, Maryland.

17. burial Date thereof 6/23/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Cemetary
Hurlock, Maryland.

Location

18. Funeral director Le Compte Funeral Service
 Address Cambridge, Md.

19. 6-23- 47 John Marshall MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1947, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1946 to June 20 1947
 and that I last saw him alive on June 20 1947

Immediate cause of death Hypertension Cardiovascular disease DURATION 3 yrs.

Due to

Due to

Other conditions Carcinoma large intestine 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

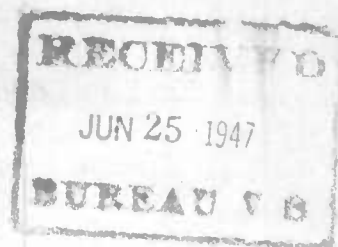
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alfred E. Brunker MD M. D. or other

Address 32 Race Street Date signed 6/21/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04994

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 1/2 Years
Hospital, institution, or street address where death occurred:
4 Meadow Ave.
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4 Meadow Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war -

3. (a) FULL NAME

Emaline Thomas Merrick Marshall

3. (b) Social Security Number

217-10-8924

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
6.(b) Name of husband or wife <u>John Marshall</u>		
7. Birth date of deceased (mo., day, yr.) <u>June 22, 1896</u>		
6.(c) If alive, give age <u>59</u> years		
8. AGE: Years <u>51</u>	Months <u>-</u>	Days <u>5</u>
If less than one day hrs. min.		

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1947 at 1:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 3, 1946 to June 27, 1947
and that I last saw him alive on June 26, 1947

Immediate cause of death cerebral hemorrhage
Hypertension

DURATION
2 days
2 yrs

Due to Hypertension

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE Lawrence Manyano, M.D.

Address 136 Race St. Cambridge, Md. Date signed 6/27/47

9. Birthplace Secretary, Dor. Co., Md.
(Town, county, and state)
10. Usual occupation Machine Operator
11. Industry or business Shirt Factory
12. Name Phillip Merrick
13. Birthplace Maryland
14. Maiden name Lillian Hackett
15. Birthplace Maryland
16. Informant Mr. John Marshall
Address Cambridge, Maryland
17. Burial Date thereof June 29, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Dorchester Memorial Park
Location Cambridge, Maryland
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland
19. 6/28 19 47 John Hackett
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 30 1947

BUREAU C C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04995

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
Hospital, institution, or street address where death occurred:
413 Choptank Ave.

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 413 Choptank Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war -

3.(a) FULL NAME

Mattie E. Montgomery

3.(b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife - - - - -

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1883 6.(c) If alive, give age - - - years

8. AGE: Years 63 Months 7 Days 26 If less than one day - hrs. - min.

9. Birthplace Cambridge, Dor. Co., Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

FATHER 12. Name William J. Montgomery

13. Birthplace Maryland

MOTHER 14. Maiden name Martha Wingate

15. Birthplace Maryland

16. Informant Miss Bertha Robinson
Address Cambridge, Maryland

17. Burial Burial Date thereof June 20, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery
Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland

19. 6-19-47 (Date rec'd by registrar) John M. Jones Jr M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1947 at 5: P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 JUNE 1947 to 18 JUNE 1947 and that I last saw h. OR alive on JUNE 18 1947

Immediate cause of death CARCINOMA OF ESOPHAGUS AND STOMACH DURATION -

Due to -

Due to -

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) - (County) - (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE Mattie E. Montgomery M.D. M. D. or other -

Address 105 CHURCH ST. CAMBRIDGE MD. Date signed 19 JUNE '47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 20 1947

BUREAU 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 143

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? entire life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Greenon St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Albanus M. Paul Jr.

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec 5 - 1933
 6. (c) If alive, give age. years

8. AGE: Years 13 Months 6 Days 3 If less than one day
 hrs. min.

9. Birthplace Cambridge
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Albanus M. Paul

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal) (Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 19 47, at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

Accidental Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of June 8/47

Where did injury occur? Cambridge (City or town) MD (State)

Injured at home, farm, industry, public place (where?) in Choptank River

Means of injury

Injured at work?

23. SIGNATURE

Jo H. Shriver, Dep. Med. Exam.
 M. D. or other
 Address Cambridge, Md. Date signed June 9/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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JUN 11 1947

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

04997

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Williamsburg Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 34 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Williamsburg Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Velma Catherine Poole

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Roland S. Poole
 7. Birth date of deceased (mo., day, yr.) Feb. 21 1894 6. (c) If alive, give age 53 years
 8. AGE: Years 53 Months 3 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)

10. Usual occupation House-work

11. Industry or business Own Home

FATHER 12. Name Martin D. Towers

13. Birthplace Caroline County, Md.

MOTHER 14. Maiden name Emma C. Bowdle

15. Birthplace Dorchester County, Md.

16. Informant Roland S. Poole

Address Williamsburg, Md. R.F.D.

17. Burial Burial Date thereof June 12 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill-Crest Cemetery

Location Federalburg, Md.

18. Funeral director S. S. Frampton & Son

Address Federalburg, Md.

19. June 12 - 1947 Chas W. Hastings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1947 at 1-45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 47 to June 47

and that I last saw him alive on June 47

Immediate cause of death Generalized Carcinomatosis

o.s. DURATION 6 mos

Due to Carcinoma of stomach & Esophagus

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Chas W. Hastings M. D. or other _____

Address _____ Date signed 6/11/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 17 1947

BUREAU OF

Evidence for the change of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04998

FILE No. G 110 JUN 10 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years 5 months 11 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 2 years 5 months 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
City or town Newcomb
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

George Smith

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white Widower

6. (b) Name of husband or wife unknown

7. Birth date of deceased (mo., day, yr.) 1870 ? 6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
78 ? 77 hrs. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation odd jobber

11. Industry or business _____

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Eastern Shore State Hospital Record's

Address Cambridge, Maryland

17. Burial Date thereof June 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location St. Michaels Ind

18. Funeral director Newman & Harrison

Address St. Michaels Ind

19. 6-2-47 19 John Macefs md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 47 at 6:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 22 19 44 to June 2 19 47
and that I last saw him alive on June 2 19 47

Immediate cause of death Arteriosclerotic cardio vascular disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe, M.D. M. D. or other

Address Cambridge, Maryland Date signed 6-2-47

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS-AJ15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 3 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DupontCity or town Vinnia - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elda Stoute

4. Sex

female

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Henry Stoute

7. Birth date of

deceased (mo., day, yr.)

Feb. 12, 1890

6. (c) If alive, give age..... years

8. AGE:

Years

57

Months

4

Days

0

If less than one day

hrs.

min.

9. Birthplace

Salon District - D.C. Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Peter Wilson

13. Birthplace

D.C. Md.

MOTHER

14. Maiden name

Harriet Stouffer

15. Birthplace

D.C. Md.

16. Informant

John Stouffer

Address

Vinnia Md.

17.

buried

Date thereof

June 12, 1947
(month) (day) (year)

Cemetery or crematory

backneck

Location

Levied H. Bayne

18. Funeral director

Cambewidge

Address

19. 6-21-47

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

N.J.

County

City or town

Paulboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 12, 1947 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 20, 1946 to June 12, 1947and that I last saw him alive on June 10, 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Hypertension18 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

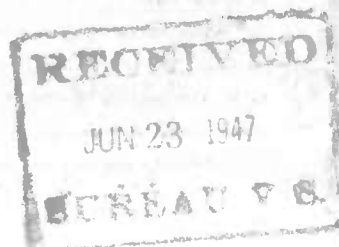
23. SIGNATURE

Carroll M. St. Clair

M. D. or other

Address

Date signed 6/14/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46m

05000

CERTIFICATE OF DEATH

Reg. Dist. No.

119

1. PLACE OF DEATH:

County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:.....
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

C. Baldwin Smith

3. (b) Social Security Number

4. Sex.....
 5. Color or race.....
 6. (a) Single, married, widowed, or divorced.....
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....
 8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business.....
 12. Name.....
 13. Birthplace.....
 14. Maiden name.....
 15. Birthplace.....

16. Informant.....
 Address.....
 17. (Burial, cremation, or removal. Which?)..... Date thereof..... (month) (day) (year)
 Cemetery or crematory.....
 Location.....
 18. Funeral director.....
 Address.....

19. (Date rec'd by registrar).....
 Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
 and that I last saw him alive on.....
 Immediate cause of death.....
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....
 Address.....
 Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 24 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

05001

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: **Dorchester**
 County.....
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **all of life**
 Hospital, institution, or street address where death occurred:
in court near Douglass St.
 How long in hospital or institution?..... **X**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland**..... County..... **Dorchester**
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **189 Washington St.**
 (If rural, give LOCATION)

3. (a) FULL NAME

Isaac Anthony Vaughn

3. (b) Social Security Number

4. Sex..... **male**
 5. Color or race..... **colored**
 6. (a) Single, married, widowed, or divorced..... **married (separated)**

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **June 8, 1947** at **4-30 P.M.**

6. (b) Name of husband or wife..... **Velma Harris**
 7. Birth date of deceased (mo., day, yr.)..... **June-3-1909**
 6. (c) If alive, give age..... **36** years

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19..... to..... **X X** 19.....
 and that I last saw h..... **X** alive on..... **X X** 19.....

8. AGE: Years..... **38** Months..... **0** Days..... **5**
 If less than one day..... hrs. min.

Immediate cause of death..... **Disease of Coronary Arteries ?**
 DURATION

9. Birthplace..... **Maryland**
 (Town, county, and state)

Due to..... **X**

10. Usual occupation..... **Laborer (general)**

Due to..... **X**

11. Industry or business..... **X**

Other conditions **X**

12. Name..... **John Vaughn**

(Include pregnancy within 8 months of death)

13. Birthplace..... **Maryland**

Major findings of operations..... **X**

14. Maiden name..... **Hannah Davis**

..... Date of op.

15. Birthplace..... **Maryland**

16. Informant..... **John Vaughn**

Antopsy results.....

Address..... **189 Washington St. - Cambridge, Md.**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

17. **Church Creek** Date thereof..... **June 12**
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

22. VIOLENCE: If death was due to external causes, fill in the following:

Cemetery or crematory..... **Church Creek**

Accident, suicide, or homicide..... Date of

Location.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

18. Funeral director..... **Levin S. H. Bannerman**

Injured at home, farm, industry, public place (where?).....

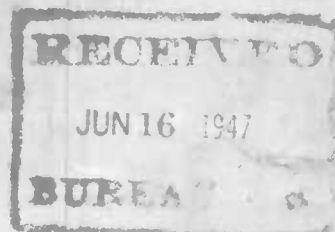
Address..... **Cambridge Md**

Means of injury..... Injured at work?.....

19. **6-12-47** John Meepe md.
 (Date rec'd by registrar)..... Registrar

23. SIGNATURE..... **Dr. H. Shivers**..... M. D. or other

Address..... **Cambridge, Md.**..... Date signed..... **June 8/47**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05002

131a

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Four Days

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? Four Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Dorchester County MarylandCity or town Vienna

(If outside city or town limits, write RURAL and give nearest town)

Street No. - - - -

(If rural, give LOCATION)

2.(a) If veteran, name war - - - -

3. (a) FULL NAME

Pliney Wall

3. (b) Social Security Number

- - - -

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Katie Moore8. (c) If alive, give age 67 years

7. Birth date of

deceased (mo., day, yr.) Aug. 31, 1872

8. AGE:

Years

Months

Days

If less than one day

74926

hrs.

min.

9. Birthplace Bespitch Ferry, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Farmer-Retired11. Industry or business Retired

FATHER

12. Name Samuel Wall13. Birthplace Maryland

MOTHER

14. Maiden name Mary Percy15. Birthplace Maryland16. Informant Mrs. Pliney WallAddress Vienna, Maryland.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 29, 1947

(month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 6/27 19 47
(Date rec'd by registrar)John M. Murphy, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 47 at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6/25 19 47 to 6/27 19 47and that I last saw him alive on 6/27, 47 19 47

Immediate cause of death

Uremia

DURATION

4 daysDue to arteriosclerosiscardiac renal diseaseDue to ?Other conditions ?

(Include pregnancy within 3 months of death)

Major findings of operations ?Date of op. ?Autopsy results ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ? Date of ?

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ?Means of injury ? Injured at work? ?23. SIGNATURE John M. Murphy, M.D.

M.D. or other

Address Cambridge, Md. Date signed 6/27/47

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JUN 30 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122a

05003

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
128 Locust St.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 128 Locust St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3.(a) FULL NAME

James Willis

3.(b) Social Security Number

-

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Courtney Davis
 (Died 1/22/1941) 6.(c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) Oct. 20, 1854
 8. AGE: Years 92 Months 7 Days 28 It less than one day - hrs. - min.

9. Birthplace Caroline, Co., Maryland
 (Town, county, and state)
 10. Usual occupation Retired Funeral Director
 11. Industry or business Funeral
 FATHER 12. Name Richard Willis
 13. Birthplace Maryland
 MOTHER 14. Maiden name Mary J. Bayly
 15. Birthplace Maryland

16. Informant Mrs. Elsie Bonner
 Address Cambridge, Maryland
 17. Burial Date thereof June 22, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cambridge Cemetery
 Location Cambridge, Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. 6-21- 19 47 John M. [unclear]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1947 at 6:30 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 16, 1947 to June 18, 1947
 and that I last saw him alive on June 17, 1947
 Immediate cause of death Myocardial Failure DURATION 10 days
 Due to Arteriosclerosis
 Due to -
 Other conditions Demilitarized
Left ventricular failure
 (Include pregnancy within 3 months of death)
 Major findings of operations -
 Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
 Accident, suicide, or homicide - Date of -
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -
 23. SIGNATURE [Signature] M. D. or other -
 Address Cambridge Md. Date signed 6/19/47

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23 1947

F H P A - 5